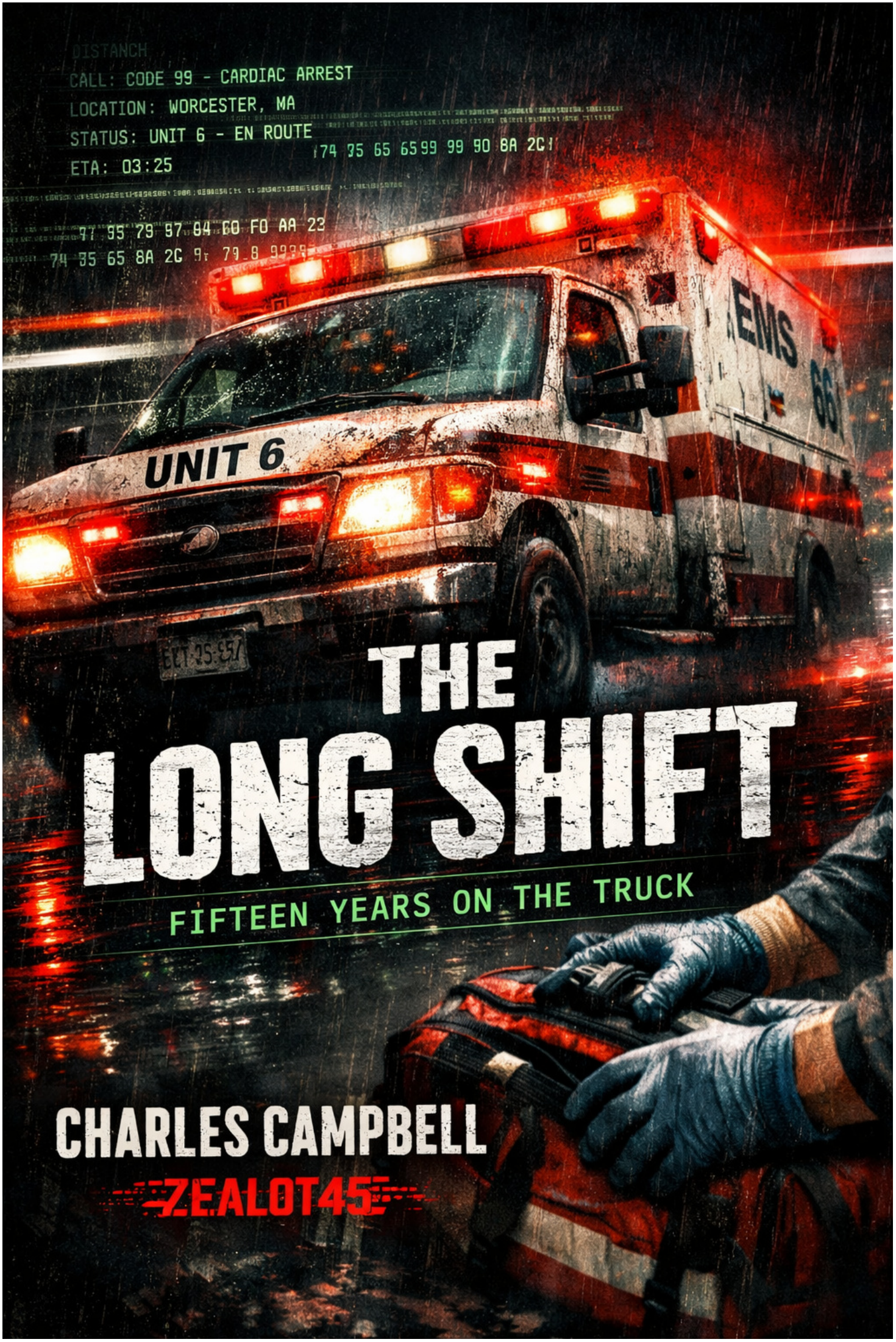
DISTANCH
CALL: CODE 99 - CARDIAC ARREST
LOCATION: WORCESTER, MA
STATUS: UNIT 6 - EN ROUTE
ETA: 03:25
UNIT 6
EMS
THE
LONG SHIFT
FIFTEEN YEARS ON THE TRUCK
CHARLES CAMPBELL
ZEALOT45

THE TIRE MOUND CHRONICLES — BOOK TWO

The Long Shift

Fifteen Years on the Truck

Camron Stevens / zealot45

Worcester, Massachusetts · 2003–2021

Author's Note

All calls depicted in this book are composite and fictional. They are assembled from pattern, memory, training, and accumulated experience. No patient is identified. No record has been reproduced. The clinical details are accurate. The people in them are not real people. The company name Valor EMS is fictional. Any resemblance to any actual ambulance service, patient, or event is coincidental.

The weight is real. The names are not.

Dramatis Personæ

Name / Handle	Role & Description
Camron Stevens *zealot45*	Protagonist. Main South Worcester. Starts Book 2 at age 23, first day at Valor EMS. Ends Book 2 at 38. Fifteen years on the truck. The same operating system as Book 1: find the gap, read the system, wait, push

Name / Handle	Role & Description
	toward repair. Still cannot watch incompetent people perform authority without his jaw tightening.
Avery Russo	Camron’s assigned partner at Valor EMS from day one. 24 years old when they meet. From Malden, MA. Jersey Shore personality — loud, jewelry, manicured nails reporting for duty, big hair, zero filter, opinionated about everything including things she knows nothing about. Absolutely fearless on scene. Technically excellent in ways she does not advertise. She and Camron despise each other on sight and work together like they were built in the same factory. Romantic relationship develops slowly across years 4 through 8. They marry in year 9. She is the most competent person he has ever worked next to.
Ren *prism*	Close friend, coworker at Valor EMS. Information security background runs parallel to his EMS career. The person who keeps the Zealot45 thread alive during the truck years. Dry, precise, sees things sideways. Calls Camron “Stevens” always, never Camron.
Dani	Coworker at Valor EMS. Operates in layers. Health administration background. Becomes a trusted colleague and friend. Not a romantic interest. Moves into hospital administration over the course of the book.
Pop	Grandfather. Korean War combat medic. Appears in memory and in the lessons that surface during hard calls. Sixty-one in 1992. Pegboard with tool silhouettes. Patience as field-medicine protocol. The voice in Camron’s head when his hands need to be calm and his brain is trying to panic. Gone by the middle of this

Name / Handle	Role & Description
	book. His absence is its own presence.
Lynn	Mother. Twenty-six when Book 1 started. Appears briefly in Book 2. Still the architecture. Still built for endurance. Still loving him in structure rather than expression.

“The gap between the form and the call is where the work lives.”

— field note, undated

Chapter One — First Day / “Valor”

Worcester, Massachusetts. September 2003. Age 23.

The station smells like diesel and old coffee and the particular combination of industrial cleaner and rubber that Camron has been smelling on his clothes every night for five years, brought home secondhand from St. Vincent’s, absorbed from the ambulance bays where he stood watch and watched and learned. He knows that smell before he walks through the door. He knows this job before he has the job. This is not arrogance. It is preparation. There is a difference. He has spent five years learning which one is which.

He parks his car at 0637. His shift starts at 0700. He walked through the parking lot at Valor EMS twice before today — once in daylight, once at 2 AM when the trucks were out and the lot was empty and he counted the units by the shadows they left under the sodium lights. He is not a person who walks into rooms he has not already mapped. This is the same operating system that found the gap in the

BGP routing table at nineteen. The system does not switch off. It just changes what it reads.

He pushes through the side door into the bay. The fluorescent lights are the same lights as every ambulance bay in every hospital and station he has ever been in. Unit 1 is closest. Unit 6 is at the far end, and leaning against Unit 6's front grille with her arms crossed and a paper cup of coffee in one hand is a woman he has never seen before. She is twenty-four years old. Her hair is large. Her nails are done in a deep burgundy. She is wearing the Valor EMS uniform — navy pants, navy polo — with the sleeves pushed up and a gold chain visible at her collar and an expression on her face that suggests she has already rendered a verdict and he is losing.

She looks at him. He looks at her. She says: "Oh good. They gave me a rookie."

He says nothing.

She takes that as confirmation.

Her name is Avery Russo. She has been an EMT-Basic for eighteen months, certified in Massachusetts, cross-trained in New Hampshire, and she knows the Worcester streets because she spent three months riding third on a different truck before Valor hired her. She has opinions about airway management, about the intersection of Chandler and Main, about whether the hospital on Belmont has the fastest turnaround time in the city (it does not, she will tell anyone who asks and several people who don't). She processes information at a volume that the room cannot contain. She takes up space the way a person takes up space when they have decided, at some point, that they are entitled to it.

He files this. He files everything.

The supervisor, a man named Garrett, walks them through orientation in a conference room that smells like the whiteboard markers someone used too recently. Protocols. Radio codes. The hospital divert list and how it changes. The

documentation system, which is paper-based on the truck and entered into the electronic record at the station after each call. Camron has already read the Massachusetts EMS Protocols document twice. He does not say this. Garrett hands out a laminated card with the radio codes on it. Camron pockets it without looking at it. Avery clips hers to her badge with a carabiner she apparently carries for this purpose.

Garrett is twenty minutes into the overtime and liability section when the tones drop.

The sound is different in person than it is through the radio in the St. Vincent's security booth. It is louder and more immediate and something in him responds to it before the thought finishes forming. He is standing up before Avery is, but only by a half-second, and then they are both moving into the bay and the call is already on the radio — chest pain, male, sixty-one, conscious, 14 Whitmarsh Street, Unit 6.

Unit 6 is their unit.

He goes to the passenger side. She is already in the driver's seat. She has the radio in her hand and she is acknowledging the call before he has his seatbelt on. The bay door is moving. She pulls out with the sirens up and she takes the first turn wide and then corrects and they are on Chandler heading toward Whitmarsh in less than ninety seconds from tone to wheels rolling and he does not say anything about the turn.

She does not say anything either. The argument they are already having silently, the one that has been building since he walked through the bay door, is on hold. This is how it will always be. They will fight about everything except the job. The job they will never fight about.

The patient is on his front steps when they arrive. Sixty-one years old. His name is Donald. He is sitting on the third step with his elbows on his knees and a color to his face that is two shades off what it should be. He says his chest has been

tight since dinner last night. He says he thought it was the peppers. He says his wife made him call. His wife is standing behind him in the doorway with her arms crossed in a posture that means she has been standing behind him for the last twelve hours saying call, just call, and he has been saying it's the peppers.

Camron kneels in front of Donald and starts the assessment while Avery pulls the equipment from the unit. His hands are calibrated. He has watched this sequence hundreds of times from ten feet away through reinforced glass. Watching is not doing, and he knows that, but watching with the intent to understand is something. His pulse assessment, his rate, his approach are clean. Donald's radial pulse is 88 and irregular.

Avery sets up the 12-lead. She does it fast and without narrating it. She places the electrodes with the efficiency of someone who has done this a number of times that is not eighteen months' worth. He watches her hands. There is something precise about the placement that does not come from the textbook. He files this too.

The 12-lead prints. She looks at it first. She does not say anything dramatic. She says: "Afib with a rate. Old anterior MI pattern, could be nothing. Let's go."

He is already moving to help Donald to his feet.

In the truck she rides in the back with Donald and Camron drives because she is already running an IV and the patient is on the monitor and the radio call needs to go to UMass Memorial and all of that is more important than driving. He radios in. He has practiced the SBAR format in his head in the security booth enough times that it comes out correctly the first time: Situation, Background, Assessment, Recommendation. Unit 6 inbound, sixty-one-year-old male, chest tightness twelve hours, 12-lead showing afib with rapid ventricular response and old anterior changes, IV established, ETA eight minutes. He listens to the acknowledgment from the receiving RN and then he drives and does not think

about anything except the route and the traffic pattern at the intersection of Belmont and the exact location of the ambulance entrance to the ED.

At the hospital, the handoff takes four minutes. He gives the verbal report to the receiving team. He is precise and sequential and he does not editorialize. The ED charge nurse writes something on her clipboard and looks at him and says: “First shift?”

He says: “Yes.”

She nods like this explains something and goes back into the bay.

In the truck on the way back Camron writes the preliminary run sheet in the paper format. Avery drives. They do not speak for six minutes. Then she says: “You’ve done this before.” It is not a question. It is an accusation, mildly delivered.

He says: “Watched it before.”

She is quiet for a moment. Then: “Not the same thing.”

“No,” he says. “It’s not.”

They drive back to the station. The sun is fully up now. His first call is complete. He does not feel anything dramatic about this. He feels the thing he has been building toward for five years settle into its correct position, like a routing table that finally converges. That is all. That is enough.

VALOR EMS — PATIENT CARE REPORT[COMPOSITE / FICTIONAL — NO ACTUAL PATIENT IDENTIFIED]

Incident Number: VE-2003-0903-006-001

Unit: Unit 6 / Crew: Stevens, Russo

Dispatch Time: 0724

En Route Time: 0725

On Scene Time: 0731

Facility Time: 0749

Available Time: 0818

Patient: Male, 61 years

Dispatch Complaint: Chest pain, conscious

GCS on Arrival: 15 / Chief Finding: Chest tightness x12h, diaphoresis mild

12-Lead Finding: Afib with RVR; old anterior MI pattern, nonspecific ST changes

Interventions: O2 2L NC; IV access 18g R AC; cardiac monitoring; 12-lead acquisition and transmission

Disposition: Transported priority 2, UMass Memorial ED; SBAR report called en route; stable on arrival

Report Completed: 0841

Composite call. Assembled from pattern and training. No patient identified. No record reproduced.

Chapter Two — The Avery Problem

October – December 2003

The first fight happens on the fourteenth day. He is documenting a run report and she changes the radio to a station playing something that has a synthesizer in it and he reaches forward and changes it back without asking. She changes it back without asking. He turns it off. She says: “It’s my truck too, Stevens.” He says: “It’s a shared truck on a public service contract and neither of us owns it.” She stares at him for a long moment. She says: “You are exhausting.” He does not disagree.

The second fight happens on day twenty-one over the oxygen flow rate on a routine transport he thought should be two liters per minute and she thought should be four. She was right and he knows she was right and he does not say so. She does not ask him to.

The third fight is not really a fight — it is a silence. He says something at the end of a call that is clipped and efficient and means to be professional and she hears it as dismissal and goes quiet for an entire shift, which is more unsettling than the fights. He doesn’t know what to do with her when she is quiet. He is calibrated for the noise.

She thinks his silence reads as arrogance. She grew up in Malden where silence from men means one of two things: contempt, or he has nothing to say, and neither is okay. She reads his composure on scene as performance. She does not yet have access to the data that would correct this. He has not given it to her.

He thinks her volume reads as insecurity. He grew up watching Pop move through hard moments in a silence that contained everything necessary. He has mapped competence onto quiet as a reflex. He does not yet have access to the data that would correct this either. She has not given it to him.

Both of them are wrong about the other’s reasons. Both of them are correct about the observation.

On scene none of it exists. This is the thing that does not make sense and is absolutely the case from the first shift: the moment the tones drop, whatever they

are in the truck between calls disappears. She anticipates his next move before he makes it. He reads her hesitations accurately and covers them without comment. She hesitates twice on IV access when a vein is difficult, not from incompetence but from precision — she is selecting, not fumbling. He does not rush her. He keeps the patient talking while she works. He does not narrate this to anyone. She does not thank him for it.

They do not need to talk to communicate during a call. He has never had this with anyone. He doesn't analyze it. He accepts it as a system property, the way you accept that some networks route efficiently through a path that should not be efficient according to the topology map. The path works. You use the path.

Week six. The calls have been: seventeen transports, two priority one responses, one code blue, one pediatric fever (not serious, terrifying to the parents), one mutual aid assist to Webster, one with a mechanism of injury that required them to argue afterward about whether the spinal precaution call was right (she was right, he conceded, she didn't gloat, he added this to his running file on her). The code blue was at 3 AM in a third-floor apartment and they worked it for eighteen minutes and got ROSC and the man was alive in the ICU the next morning when Camron asked the charge nurse while dropping off another patient. He does not know why he asked. He asks anyway.

Week six. Thursday. Garrett calls them into his office, which is a room that is mostly desk and filing cabinet and a whiteboard with the week's rotation written in blue dry-erase. He looks at them. He looks like a man about to say something he has said a number of times and has learned to say plainly. He says: "You two are the best crew on rotation. I don't know what your problem is with each other but whatever it is, keep it out of the unit and keep doing the job the way you've been doing it." He pauses. He says: "That's all."

They look at each other. They look at Garrett. They walk out.

In the hallway Avery says: "Does he think we have a problem with each other?"

Camron says: “We have a problem with each other.”

She considers this. “Fair,” she says, and walks to the break room.

That night she texts him: *Don’t get a big head Stevens.*

He does not respond. He reads it twice. He puts the phone down. He picks it up and reads it a third time. There is something in the phrasing that does not read as an insult. He is not sure what it reads as. He files it. He goes to sleep.

The first three months are this: two people who are wrong about each other in specific ways and correct in others, learning the job through the job, finding that the truck is the one place where none of the wrong parts matter and all of the correct parts do. He does not yet know what to do with that. He will spend the next several years learning.

December. The calls are colder now. The building calls are different in winter — the patients they find have been in unheated apartments longer, the stairs are more dangerous with ice on the landings, the old ones are older in the cold in a way that reads differently on the monitor. Avery starts keeping a spare pair of gloves in her cargo pocket for the patients who do not have gloves. He notices. He does not say anything. He starts doing the same thing. She notices. She does not say anything either.

This is also communication. This is also the job.

Chapter Three — The Regular Calls

A Chapter of Composite Calls. 2003–2005.

EMS is not only tragedy. This is not obvious from the outside. The outside sees the lights and hears the sirens and imagines the worst, because the worst is when

people call. But the inside is wider than that. The inside contains the full range of what happens to humans in a city on any given day, and what happens to humans in a city on any given day includes the absurd, the mundane, the bureaucratic, the sad in quiet ways that do not photograph, and the genuinely funny in ways that are only funny in the truck afterward, in the dark, with the windows fogged, where the gallows open briefly and let something out and then close again and you go back into service.

These are the regular calls. They are composite. They are the pattern.

* * *

VALOR EMS — PATIENT CARE REPORT[COMPOSITE / FICTIONAL — NO ACTUAL PATIENT IDENTIFIED]

Incident Number: VE-2004-0217-006-004

Unit: Unit 6 / Crew: Stevens, Russo

Dispatch Time: 1347

En Route Time: 1348

On Scene Time: 1354

Facility Time: 1419

Available Time: 1448

Patient: Male, 58 years

Dispatch Complaint: Citizen assist / neighbor complaint, aggressive animal

GCS on Arrival: 15 / Chief Finding: Caller complaint was neighbor’s dog; incidental chief complaint: chest tightness x3 days, intermittent

12-Lead Finding: ST depression leads II, III, aVF; borderline troponin

clinical concern

Interventions: 12-lead acquired; O2 4L NC; IV access; aspirin 324mg PO; ALS assist requested en route

Disposition: Transported priority 1, cardiac alert, UMass Memorial ED; patient admitted for observation

Report Completed: 1501

Composite call. Assembled from pattern and training. No patient identified. No record reproduced.

The dog is a beagle. It weighs approximately twenty-two pounds and it is currently asleep on a rug inside the storm door of 42 Millbury Street, which is the neighbor's house. The man who called 911 is standing on his own front steps at 44 Millbury with his arms crossed looking at the beagle the way you look at something that has been threatening you personally, which the beagle has not.

Avery stands next to Camron. She is looking at the beagle too. The beagle is asleep.

The man says: "It looks at me. Every time I leave the house. It sits there and it looks at me."

Avery says, with considerable restraint: "Sir, while we're here, are you feeling okay? Any medical concerns?"

The man, whose name is Raymond, says he is fine, it's the dog, the dog is the problem. Then he pauses. Then he says: "Well. My chest has been a little tight. On and off. Probably the stress of the dog."

Three days, Camron says.

Raymond says how did you know three days. Camron says when did the tightness start. Raymond says three days ago. Camron says let’s sit you down.

On the monitor Raymond’s rhythm is sinus but his rate is 94 and when the 12-lead prints Avery looks at it and her face does the thing it does — not alarm, not performance, just a small shift in posture, a slight forward lean that he has learned means she sees something. She shows him the strip. He sees it. They look at each other. She does not say *I told you* about the dog because that would waste time and she does not waste time when there is work to do.

Raymond goes to UMass Memorial. He is admitted. The cath lab finds a lesion. The beagle was not, in fact, the problem. The beagle was still asleep when they left.

In the truck on the way back Avery says: “He called 911 about a sleeping dog.”

Camron says: “He did.”

Avery says: “And had a STEMI equivalent.”

Camron says: “He did.”

Avery says: “This job.”

He says: “Yes.”

* * *

VALOR EMS — PATIENT CARE REPORT[COMPOSITE / FICTIONAL — NO ACTUAL PATIENT IDENTIFIED]

Incident Number: VE-2004-1103-006-007

Unit: Unit 6 / Crew: Stevens, Russo

Dispatch Time: 1506

En Route Time: 1507

On Scene Time: 1514

Facility Time: N/A — Patient deceased prior to arrival, time of death confirmed on scene

Available Time: 1601

Patient: Female, 84 years

Dispatch Complaint: Unresponsive, unknown downtime, found by postal carrier

GCS on Arrival: N/A — Patient pulseless, apneic, lividity established, no resuscitation indicated

Interventions: Scene assessment; time of death notification; family notification through PD

Disposition: Patient deceased. Medical examiner notified. Report narrative includes scene details per protocol.

Report Completed: 1622

Composite call. Assembled from pattern and training. No patient identified. No record reproduced.

The apartment is immaculate. This is the first thing he registers. He has been to enough of these calls — the ones the postal carrier found, the ones the neighbor noticed, the ones that age and isolation arrive at together — to know that immaculate means something specific. The dirty apartment says the body went first. The immaculate apartment says the mind went last.

She is in the recliner near the window. The television is off. There is a library book on the side table with a bookmark in it, about two-thirds through. There is a cup on the kitchen counter that has been rinsed and placed upside down on a dish towel to dry. The dish towel is folded correctly. The mail on the kitchen table has been sorted into two piles: bills and everything else, with a rubber band around each pile.

The note is on the kitchen table between the two piles. It is written on blue stationery in handwriting that is careful and slightly shaky at the edges the way old handwriting gets. It says: *The thermostat is set to 68. The cat is at my niece Carol's since Thursday. The key is under the blue pot on the back porch. I have had a very good life and I am not afraid of this part.*

It is not a suicide note. She died of natural causes — he can see that, Avery can see that, the medical examiner will confirm it later. It is not a suicide note. It is something else. It is a woman who felt the system winding down and organized her exit the way she organized her dish towel and her mail, with care and precision, because that was the kind of person she was and she was that kind of person all the way to the end.

He photographs the note. He documents the scene. He writes the note's contents verbatim in the narrative section of the PCR. He writes: *Note found on kitchen table, handwritten, between two piles of sorted mail. Contents reproduced above. Tone and content consistent with foreknowledge of declining health, not with intent to harm. Note should be preserved for family notification.*

Avery stands near the door while he does this. She does not try to speed him up. She does not say anything. The apartment is quiet in a way that apartment buildings are almost never quiet, and he works in that quiet, and the note goes into the report because someone reading it later should know it was there. Someone should know what kind of person she was.

In the truck afterward he drives. She sits in the passenger seat. Neither of them speaks for several minutes. Then Avery says: “She rinsed the cup.”

He says: “I know.”

That is all they say about it. That is all there is to say.

* * *

The insurance call does not appear on a PCR because it is not a call. It is what happens after a call. It is the part of the job that the job does not officially include but that is, in practice, part of the job.

The patient is sixty-three and diabetic and the hospital has stabilized her blood sugar and started her on a medication adjustment but the prescription requires an insurance pre-authorization that is not clearing because the prior authorization system is a queue and the queue has a four-hour backlog and she is alone in the ED bay with a curtain half-drawn and a television that is showing a court show with the sound off. She does not have a phone charger. Her son is at work in Framingham and cannot leave until four and it is 1 PM.

Camron’s shift ended at 1 PM. He knows this. He also knows that the one thing he can do is the one thing in front of him. He cannot fix the prior authorization queue. He cannot accelerate the insurance system. He cannot call the son at work any faster than the hospital discharge planner already has. What he can do is be present for the forty-three minutes between when he is supposed to leave and when the paperwork clears, so she is not alone in a half-curtained bay with a silent court show wondering what is happening.

He pulls a chair next to the bay. He asks her about Framingham — she lived there before Worcester, she has opinions about it, she is happy to share them. He listens. He asks questions where the questions are honest curiosity, which they are: he is curious about people. He is always curious about people. The monitor is beeping quietly in its normal sinus rhythm. He reads it the way he reads

everything. It is fine. She is fine. She is just alone, which is its own kind of not fine, which is the thing he is here to address.

The prescription clears at 1:43 PM. He is not marked in any record as having been there for those forty-three minutes. This is correct. He does not mark it in the record. He does not add it to his hours. He goes home. He eats a sandwich. He does not think about the forty-three minutes again in any deliberate sense. It was the job. The job was done.

* * *

The truck on the way back from the call where a man of forty-two had called 911 because he was, as he put it, “about to fight God” (which turned out to be a medication interaction, not a psychiatric emergency, though the distinction was not immediately clear on arrival) — the truck on the way back from that call is where the gallows open for a moment.

Avery says, from the passenger seat: “What is the dispatch code for ‘about to fight God’?”

Camron says: “Psychiatric emergency.”

Avery says: “There should be a separate code. Something specific.”

He says: “Theological dispute.”

She makes a sound that is not quite a laugh but is in the same family. She says: “Priority two. Theological dispute. Patient combative but has agreed to wait for backup.”

He says: “God’s ETA unknown.”

She does laugh at this one. It is a real laugh. It is the first time he has heard her laugh the way people laugh when they are not performing it, and it is different

from the version she uses when she is being loud for a reason. He notes the difference. He does not analyze it. He watches the road.

This is the gallows. It is not cruelty. The man is fine — the medication interaction was identified, he went home with his niece, his combativeness resolved with benzodiazepines and time and someone explaining the medication interaction to him in plain language twice. He is fine. The gallows are not about him. The gallows are about the two people in the truck, about the gap between what you carry and what you are supposed to carry and what you can actually carry, and about how sometimes the gap closes for a moment through the absurd and that is not cruelty, that is survival, and survival is how you go back into service and do the next call and the one after that with the same quality you brought to the first one.

They go back into service. They do the next call. They do it exactly the same.

Chapter Four — What Ren Knows

2006

The apartment is on Piedmont Street, second floor, corner unit, and at 9 AM on a Tuesday in March it smells like the night shift it has not entirely finished being. He has been awake since the 4 AM call and the 5:40 AM call and the end-of-shift at 7 and the drive home and he is not going to sleep because Ren is coming at nine and Ren has a printed packet, which means whatever it is, it is worth being awake for.

The desk is in the corner. He has one monitor now, seventeen inch, and the rack of books on the shelf above it is organized by subject because that is how the shelf was organized when he set it up and he has not changed the system because

the system is correct. The BGP analysis that bought the truck, paid the training, and got him into a Senate hearing room at nineteen is in a folder on the hard drive. He has not looked at it in two years. He does not need to look at it. It is the architecture he lives inside, the reading methodology that transferred completely to the ambulance bay and the EMS protocols and the cardiac monitor, the same translation skill applied to a different language.

Ren arrives at 9:04. He is the kind of person who is never late for anything by more than four minutes and this is a specific precision, not a general one — he is late for things he has assessed as not requiring timeliness and prompt for things he has assessed as mattering. He has apparently assessed this as mattering. He brings two coffees in paper cups from the place on Main Street and sets one in front of Camron without ceremony and sits down in the other chair and puts the packet on the desk between them.

“Stevens,” he says.

“Ren.”

“You look terrible.”

“Night shift.”

“I know. Read this anyway.”

The packet is fourteen pages. He reads it the way he reads everything: in order, without annotation until the second pass, building the map as he goes. Ren drinks his coffee. He does not narrate the packet. He waits. He has always been good at waiting. Camron has learned to trust the waiting.

What the packet contains: a new class of routing anomalies in the AS-PATH propagation of several large ISP peering relationships, first documented in late 2005 and recurring with increasing frequency in Q1 2006. The pattern is not identical to the 2003 analysis Camron testified about. It is a cousin. It is the same structural vulnerability in a different configuration — a gap in how BGP route

origin validation works when the originating AS has a specific relationship to the transit provider. It is not theoretical. The anomalies Ren has been tracking include route leaks that have sent traffic through unexpected paths, and two of those paths intersect with network infrastructure that he has cross-referenced against a publicly available list of healthcare system hosting providers.

On page eleven there is a table. Hosting providers, network AS numbers, and a column labeled “overlap with documented 2005–2006 leak events.” Three of the entries are highlighted in yellow. Ren does not use a highlighter for anything he does not consider important.

Camron reads the table twice. He sets the packet down. He picks up the coffee. He says: “The hospital I just transported to runs on a network that has the same exposure class as the 2003 analysis.”

Ren looks at him for a moment. His expression is the one he uses when something he already knows is being confirmed by an outside source. He says: “I know.”

“Which ones?”

Ren turns to page twelve. There are four hospitals in Central Massachusetts listed. One of them is UMass Memorial. One of them is St. Vincent’s.

Camron looks at the list. He thinks about the cardiac monitor in the truck, the one that produces the 12-lead that Avery reads and he reads and that travels via radio to the receiving hospital to prepare the cath lab. He thinks about the network that transmission runs through. He thinks about what happens to a hospital system that cannot receive or process data for the duration of a route leak, which in the 2005 events ranged from four minutes to, in one case, forty-seven minutes. He does not say any of this out loud. Ren already knows it. That is why he is here.

They write it up together. The write-up is modeled on the 2003 analysis but more specific, more operationally grounded, with concrete examples from the

documented leak events and a clear articulation of the healthcare infrastructure overlap. Ren handles the routing mechanics. Camron handles the clinical implications section, which he can now write with a specificity that eighteen-year-old zealot45 could not have, because he has spent three years in the truck and he knows what four minutes means inside a code, and forty-seven minutes is not a number, it is a body count waiting to happen.

They send it through the correct channel. The correct channel is the same one the 2003 testimony went through: documented, formatted, submitted to the appropriate federal coordination point via the disclosure pathway that Ren has maintained relationships with since the testimony.

Nobody responds for four months.

This is also the job. The job is not always the truck. Sometimes the job is sitting at a desk at 9 AM after a night shift, reading fourteen pages, writing something careful and precise, sending it into a system that does not respond quickly, and going to sleep knowing you did the thing correctly. The response — or the absence of one — is the system's problem. You can only send the packet.

He sleeps for six hours. He has a shift at midnight. He is ready.

Chapter Five — The 2008 Call

2008. Night shift.

[NO PATIENT CARE REPORT]

No form was completed for this call that he has ever read again.

The form exists. He completed it. This space is intentional.

The dispatch comes at 01:17. Unresponsive child. The address. He has the address written in his notebook before Avery has the truck in gear. He does not know why he writes it down. He always writes the address down. His hand does this before his brain has decided to.

The building on Winter Street is three stories, yellow brick, exterior staircase that is wet from the rain that stopped an hour ago. They pull the bags and the board from the unit with the efficiency of people who have done this several hundred times, which they have. The weight of the bags is known. The route is mapped in the first four seconds: through the door, second floor, apartment seven. Avery has the airway bag. He has the cardiac monitor and the trauma bag. They take the stairs at a pace that is fast and controlled and not running, because running on wet stairs outside a pediatric call is how you become a second casualty.

The door is open. The mother is at the door. She is in the gap between screaming and the thing past screaming where the body has used up what screaming is and is left with something quieter and more absolute. She says something that he parses as *he won't wake up* and he says *where is he* and she turns and he follows her into the apartment.

The child is on the bed. Four years old. He is the color that means what it means. He is on his back. His chest is still.

He is kneeling beside the bed before he has consciously processed the decision to kneel. His hands do the assessment in the sequence the training built. Pulseless. Apneic. He says it to Avery who is already setting up suction, already positioning, already doing everything the next thirty seconds require. The mother is in the doorway. He says to her, in a voice he has calibrated for exactly this moment — flat enough not to add to the chaos, warm enough not to sound like a machine — he says: *We need you to go into the hallway and wait for the next crew. Can you do that?*

She nods. She cannot speak. She goes.

They work the code. CPR, airway, the sequence that becomes a rhythm when two people know it well enough not to have to think about the individual steps. He compresses. She manages the airway. They rotate. The cardiac monitor shows a rhythm that is not compatible with life. He reads it the way he reads the BGP routing table — as a document written by a system in a language that requires translation. The translation here is clear and he does not want it to be clear. The radio call goes to dispatch. The ALS intercept is en route, ETA six minutes. He counts the compressions. He keeps his eyes on the monitor. His hands are on the child's chest and they are doing the work and they are doing it correctly.

Pop's voice in his head, from a conversation on a Tuesday afternoon in Pop's kitchen in 1994, when Camron was ten years old and Pop was sixty-three and they were talking about something else entirely but this is the sentence that surfaces now: *Your hands do the work. Your brain stays out of their way.*

His hands do the work. He stays out of their way.

ALS intercepts at the bottom of the stairs. The paramedic is someone he has worked with before, a woman named Gail who does not narrate herself and does not need to. They work it together, the three of them, for eleven minutes on scene and then the decision is made and they move to the truck and work it in the truck and Avery drives and he is in the back with Gail and the child and the monitor and the rhythm that is not changing and he knows, has known since the first read, what this call is going to be.

The hospital bay. The trauma team at the door. The handoff, which is two people whose hands are still moving giving a report to a physician whose face has already read the situation from thirty feet out. They move inside. They continue. The room is full of people doing every correct thing in the correct order. He is in the room. He is doing his part. His hands are not shaking. He does not know how his hands are not shaking.

The physician calls it at 02:41.

He walks out of the trauma bay. He walks through the ED hallway past the triage desk and the waiting room where the mother is sitting between two police officers, and he does not look directly at the waiting room because the physician is behind him and is going to that waiting room next and that is not his part of the call, his part of the call is the piece he just completed, and he walks out the ambulance bay door and into the parking lot and sits down in the passenger seat of the truck.

He does not cry. He does not speak. He does not move.

Avery is in the parking lot. She was outside when he came out. She does not say anything. She does not approach him immediately. She goes to the lobby vending machine — he can see her through the glass door — and she comes back with two coffees and she gets in the driver's seat and puts one coffee in his hand and sits there. Her phone is in her pocket. She does not take it out once.

It takes forty-one minutes. He knows this because he watches the clock on the dash the way he watches everything — automatically, precisely, because the data is there and he is a person who collects data. Forty-one minutes. She does not speak. She does not ask if he is okay. She does not attempt to name what is happening or to offer a frame for it. She sits there. She drinks her coffee. She is entirely present in the silence in a way that he will not be able to articulate for years.

At 03:22 he says: "Okay."

She starts the truck.

He completes the run report at 04:12 at the station. He writes the narrative section. It is the most complete narrative he has ever written on a form: the time of dispatch, the time of arrival, the scene findings, the assessment findings, the interventions in sequence with timestamps, the transport, the handoff, the

receiving team, the time of death. He writes it all. He submits it. He does not read it again. He has never read it again. He does not include the forty-one minutes in the parking lot because the forty-one minutes are not on the form and the form is not where the forty-one minutes live.

He has not elaborated on this call in any accounting before or since. The elaboration is here. This is the only place it will be.

Chapter Six — Year Four

2007

It is not something he decides to notice. It is something he notices because he notices everything and Avery is a thing that is in his field of observation for twelve hours at a time and has been for four years and the data accumulates whether you want it to or not.

The way she debriefs a difficult call: she talks too much. She talks about things adjacent to the call — the lighting in the apartment, whether the dispatcher's voice inflection gave anything away about the acuity, the specific smell of the building stairwell, the peripheral things that are not the center of the call. She talks about them for approximately eight to twelve minutes. Then she goes completely quiet. Twelve minutes later she is fine. He has timed this without intending to time it, and then once he had the number he confirmed it across six separate difficult calls. Twelve minutes. She processes in language first and then in silence and the silence completes it. He does not interrupt the language and he does not interrupt the silence. He has learned that the silence is the second half of the processing and not a malfunction.

There is a photograph in her locker. He has seen it twice when her locker was open in passing. It is a photograph of a beach. There is a woman in it who might be her sister or might be her at a different age. There is a dog that is not the woman's dog, he thinks, based on the posture of the encounter. He does not know whose dog it is. He does not know whose beach it is. He has never asked. She has never explained. The photograph is the thing she looks at when she opens the locker and its content is entirely her own and he has added it to his running file on her in the column he does not label but that is essentially: the things that are hers.

She walks into a scene the way she walks into everything: as if she has the right to be there. She does not assess the room with visible deliberation. She does not turn her head the way someone turning their head to look for things would turn their head. She enters and something in her registers the scene instantaneously and completely and her body orients to the most urgent element without a visible gap between arrival and assessment. He does this too, but he knows he does it — he knows it is a methodology, a thing he built deliberately from the BGP reading practice and the hospital observation hours and the clinical training. She does not know she does it. She calls it instinct and she does not consider it particularly remarkable. She has called it instinct in front of him three times and each time he has not corrected the vocabulary. The vocabulary is hers. The function is the same.

He is noticing these things with an increasing specificity that is different from the way he noticed things about her in years one and two. In years one and two he noticed the things that were friction: the volume, the opinions, the way she would debate dispatch protocol for twenty minutes after a call when he wanted to drive in silence. He noticed those things because they were the noise in the system. Now he is noticing the signal beneath the noise and the signal is this: she is the most calibrated person he has worked next to in four years and he was wrong about her from the beginning and he is still not entirely sure what to do with being wrong about something this significant for this long.

He does not say any of this. He files it. He goes to work. He does the next call.

There is a call in October of 2007 — a chest pain call on Greenwood Street that turns into a complicated scene with a family in acute distress and a patient who is deteriorating faster than the dispatch complaint suggested — where he and Avery work in complete unison for twenty-two minutes without speaking in anything but the clinical shorthand they have evolved, two-word cues and hand signals and the specific pause that means *I see what you see, proceed*. The patient is stabilized. The transport is smooth. The hospital receives them with a prepared team because his radio report was precise and early.

In the truck afterward she is quiet. He drives. After a while she says: “That was a good call.”

He says: “Yeah.”

She says: “We’re good at this.” Not a question. A fact, delivered the way she delivers facts about things she has decided are settled.

He says: “We are.”

She nods. She looks out the window. He watches the road.

Something in the file he has been keeping on her, the one that lives in the part of his cognition that is always running regardless of what the foreground is doing, reorganizes itself slightly. He does not examine the reorganization. He is driving. He files it for later.

Later takes two more years to arrive. He is patient. He is a person who is good at waiting for the right time.

Chapter Seven — Avery and Camron / The Shift

Year 6. 2009.

The decontamination call happens at 1 AM on a Friday in February. Chemical exposure, not serious, a storage room situation at a restaurant on Park Avenue. They handle it. The truck needs decon after. This takes two hours. At 3 AM they are cleared and hungry and not yet in service and there is a diner on Shrewsbury Street that is always open and they go there because neither of them has eaten since eleven the night before and the alternative is the vending machine at the station which Avery has opinions about.

They sit across from each other in a booth near the window. The restaurant has the particular quality of 3 AM diners: yellow light, everything slightly too bright, the people in the other booths are either ending a night out or starting a workday and the two populations do not mix. Camron and Avery are neither. They are the third category: the people who are always awake when the city is not, who belong to 3 AM the way other people belong to 9 AM, who eat eggs in uniforms in diners and speak the shorthand of the shift.

They order eggs. She orders first. She orders with the specificity she applies to everything: over medium, wheat toast, no butter on the toast, hash browns, and coffee. He orders the same thing minus the hash browns. She notes this. She does not comment.

The argument starts about dispatch protocol — specifically, about whether the 1-minute en-route confirmation requirement is a meaningful data point or administrative overhead that does not improve outcomes. He is in favor of the requirement; it establishes a timestamp that is clinically useful in retrospective review. She thinks the 1-minute requirement creates a radio traffic burden

during high-call periods that is not offset by the retrospective benefit. They have had this argument before. It is a good argument. They both have correct things to say.

Somewhere between his second point about retrospective timestamp utility and her counter about high-call radio traffic load the argument shifts. He cannot identify the moment of the shift afterward, which is unusual. He can usually identify the moment of a shift. The conversation moves — from dispatch protocol to a call from three weeks ago that they both found difficult in different ways, from that call to the way they have learned to debrief differently over six years, from that to the way she described her father once in passing and the specific image it produced in him — her father at a kitchen table, reading a paper, the same posture she uses when she is reading a PCR for the second time. He says this. She looks at him for a moment. She says: “You noticed that?”

He says: “I notice most things.”

She is quiet for a moment. She says: “I know you do.” The way she says it is not an accusation. It is something else. He is not quite sure what.

They eat. The eggs are adequate. The coffee is thin and hot and he drinks two cups. She drinks three. They do not run out of things to say, which is different from any 3 AM conversation he has had before because usually by 3 AM with another person he has run out of things he wants to say. He has not run out. He has, if anything, more. This is notable.

They drive back to the station. The truck is cleared for service. They go back on the board. They handle a call at 5 AM that is straightforward and then another at 6:15 that is not. They end the shift at 7. Neither of them names the 3 AM conversation. Neither of them refers to it. The shift ends.

Three weeks later, on a Tuesday afternoon, he texts her: *Do you want to get dinner that is not at 3 AM and is not because a truck needs decontamination.*

She reads it. He knows when she reads it because the read receipt is on. She does not respond immediately. He watches the timestamp move. Forty-three seconds later she replies: *Yes.*

He marks the time: 4:17 PM, Tuesday. He marks it the way he marks everything. Precisely. Because precision is how he keeps the record honest and the record is all he has against forgetting.

Chapter Eight — The Middle Years

2009–2012

The years that do not have a single dramatic event accumulate weight anyway. This is the thing the dramatic events obscure: that the weight is not carried in the peaks. It is carried in the accumulation, the daily increment, the specific gravity of being a person who does this work across a span of years that becomes a decade and then longer.

His AEMT certification is completed in 2009. He takes the national exam in October at the testing center on Gold Star Boulevard and scores in the 94th percentile. He does not tell anyone his score. He tells Avery he passed. She says: “Obviously.” She means it as a compliment. He accepts it as one.

Avery submits her paramedic application in 2010. She studies at the table in the apartment they have not yet decided to officially share but one of them is always at the other’s apartment and the table in his apartment has more room. She studies out loud, which is not how he studies, which required an adjustment, which he made without announcing the adjustment because the adjustment was the correct response to the data. She passes her practical exam the first time. She does not call him immediately after. She calls her mother first, which is

correct. She calls him second. He says: “Good.” She says: “That’s all you’ve got?” He says: “It was never in question.” She is quiet for a moment. She says: “You’re the worst.” He says: “I know.” He means: I’m proud of you in a way I don’t have the vocabulary to express correctly. She hears what he means. This is something they have developed: she can hear what he means past the words he uses, and he can hear what she means past the volume she uses it at.

Ren’s quiet escalation of the hospital network security disclosure continues. By 2010 the disclosure has been through two rounds of federal coordination review without a formal response. Ren has been methodical about follow-up: documented, timestamped, through the correct channels, never combative. He does not do combative. He does patient persistence in the same register he does everything, which is the register of someone who has decided that the correct action is the correct action regardless of the response timeline.

In 2011 they get a response. Not a substantive one — an acknowledgment that the submission has been received and is under review. Ren reads the acknowledgment letter to Camron over the phone. Camron says: “Eight years.” Ren says: “Yes.” Camron says: “Is this progress?” Ren says: “It’s acknowledgment. Progress is the next thing.”

The call in 2010 that stays with him: a woman on Myrtle Street, forty-eight years old, not a dramatic presentation — general weakness, mild shortness of breath, no focal chest pain, looks slightly off in a way that does not scan to a specific etiology. Her daughter is there. Her daughter is concerned in the careful way of someone who has been managing something for longer than this afternoon. They transport. The ED works her up. He does not find out until the following week, via Avery who knows someone on the floor, that the woman was diagnosed with a pulmonary embolism that was, by the radiology report, “extensive.” She survived. The transport was the right call. The specific call to transport was based on a gestalt assessment that he will not be able to articulate as anything other than: she looked wrong in a way that the vital signs did not yet confirm.

That kind of knowing is not something the training creates. The training creates the tools. The knowing comes from the years. He has the years.

Pop is gone by now. He died at the end of Book 1's timeline — the winter Camron was twenty-one, two years before Valor, two years before the first shift, two years before Avery. Pop died in January, in the same house with the pegboard and the tool silhouettes, in his own bed, which was what he wanted and what the family managed to give him. The absence of Pop during the hard calls is its own kind of presence. He surfaces in Camron's hands: the steadiness, the calibrated pace, the patience used as protocol. He surfaces in Camron's voice: the flatness under pressure, the warmth that does not require volume. Pop is the voice that says *your hands do the work, stay out of their way*. Pop is not gone. Pop is a methodology. Methodologies do not die when the person who built them does. They survive in the people they were given to.

Dani moves into hospital administration full time in 2011. Her Valor EMS career was always in parallel with something else, a dual orientation toward the clinical and the administrative that she kept quiet because people in the field treat administration with a particular suspicion. She kept quiet about it the way she keeps quiet about most things until the moment she decides the thing is ready to be said. Her new role is in quality assurance and operations at a system level, which means she is now reading the data that comes from calls like his — the aggregate patterns, the outcome differentials, the operational gaps. She tells him this over coffee on a Thursday. He says: "Good. That's the right place for you." She says: "I know." She says it the same way Avery said *obviously* when he told her he passed the AEMT: as the only correct response to something that was never in question.

Lynn comes to a family dinner in the summer of 2011. Avery is there. It is the third time they have been in the same room. Lynn moves through the dinner with the particular architecture of a woman who has survived on structure — efficient in her conversation, precise in her observation, loving in a format that is legible

only to him and possibly to Avery, who has been watching Lynn the way Camron watches everything, which is to say completely and without appearing to. At the end of the dinner, when Avery is in the kitchen helping with the dishes — which she does without being asked, loudly, with opinions about his mother's dish organization that his mother receives with an expression that is not entirely disapproving — Lynn looks at Camron from across the table and her expression says something that he files immediately and does not analyze until later. Later, at home, he unpacks the expression. It is approval. It is the specific approval of a woman who has been watching her son navigate the world with a competence that costs something and who has now seen, for the first time, the person who can read that competence accurately. Lynn approves of Avery. Not because Avery is easy — she clearly is not. Because Avery is right. Lynn recognizes right.

These are the middle years. They are not the years the highlights would choose. They are the years the weight is in.

Chapter Nine — Patriots' Day

April 15, 2013

[NO PATIENT CARE REPORT]

That day did not fit on any form either.

The tones come at 2:51 PM. He registers the time because he registers all times, automatically, without deciding to. He is in the truck on Belmont Street, in service, finishing the documentation on a noon call that was a straightforward diabetic emergency and has been handled and transported and closed out on the run sheet. The radio traffic is already different when the tones come. He hears the difference before the words form. He has learned to read radio traffic the way

he reads cardiac rhythms — not just the content but the cadence, the pace, the specific texture of distress in a dispatcher's voice that is not in the training but is in the years.

The dispatcher says: explosion, Boylston Street, mass casualty event, all available units.

He is driving before the transmission finishes.

He does not have Avery. Today they are on separate units — a rotation change, a coverage gap, the logistics of shift coverage that mean nothing on a regular day and are their own specific weight on this one. He knows she is in service. He knows from the radio that Unit 9 is responding. Unit 9 is her unit today. He puts this information in a folder and closes the folder and drives.

Boylston Street receives him at the intersection of Gloucester, where the perimeter is forming and the radio traffic has become the specific controlled chaos of a mass casualty incident that is still in its first minutes. He parks. He grabs the gear. He walks toward the finish line and the world that the finish line has become.

The smell arrives before the sight. Smoke and something beneath smoke that is not a smell he was trained for and that his body identifies before his brain does. He has a protocol for mass casualty incidents. The protocol says: triage, tag, treat in priority order, do not fixate on any single patient, keep moving. The protocol is correct. He works the protocol.

The patients are on the pavement and against the barriers and inside the doorways where bystanders have pulled them and the bystanders are doing compression and applying pressure with their hands and their jackets and he is triaging as he moves — immediate, delayed, immediate, immediate — tagging with the triage cards he has clipped to his vest, calling in positions and acuity on the radio. He is not the only EMS unit on the scene but the scene is large and

getting larger and for the first forty minutes he functions in his section of the perimeter as the primary clinical decision-maker for six patients simultaneously.

The injuries are blast and penetrating. He is an AEMT, not a paramedic, and the scope limitations are real and he works at the top of his scope and no further and does not hesitate about the boundary. What he can do: tourniquet application, wound packing, airway management, IV access for fluid, patient packaging and prioritization. He does all of it. He applies three tourniquets in eleven minutes. His hands are doing what Pop said hands do.

The incoming mutual aid arrives in a wave. Boston units, state police EMS, fire rescue. The scene becomes larger and more structured. The command structure thickens and he finds his place in it — not at the center, not competing for the command channel, doing the work in front of him with the resources he has, which is the only place the work actually happens.

He transports twice. The first transport is a woman with bilateral lower extremity injuries, conscious, GCS 15, telling him in the truck that she cannot find her husband. He talks to her while he drives. He says: *The best thing we can do for him is get you stable and get you to the hospital, which is where he will look for you.* She accepts this. She holds his hand during the transport and he lets her hold it and steers with one hand and is not sure later why he let her hold it except that it was the correct thing and the correct things are the things he does.

The second transport is quieter. He does not think about the second transport in great detail afterward. He files it in the folder he keeps for the things that have to stay filed.

Avery.

She is on the south end of the perimeter, four blocks from where he is, doing the same work in her section of the incident. She applies eight pressure dressings and assists in the packaging of a patient with a crush injury in under twenty minutes. She calls it in correctly. She transports once. In the truck her patient

tells her about his wife, who was running and who he has not been able to reach. She talks to him the way she always talks to patients — directly, warmly, without softening the clinical picture past accuracy. She tells him they will find his wife. She does not know if this is true. She says it with the certainty of someone who has decided that certainty is the correct tool for this moment. She is right. The wife is injured but alive. They find each other at the hospital the following morning.

At the end of the day Avery and Camron are both off the clock and both at the station and she finds him in the bay where he is restocking the unit, which does not need to be done immediately but he needs something to do with his hands. She stands in the bay door. He keeps stocking. She watches. After a while she says: “You okay?”

He says: “Yeah.”

She nods. She comes and helps restock without asking whether help is wanted. It is. He does not say so. He does not need to.

That night they are on the front steps of the apartment on Piedmont Street with two beers and the city in front of them and the particular quality of a city at night that has been through something. The city is quieter than usual or he is hearing it differently. He does not know which. Both might be true.

She says: “Three people.”

He says: “Yes.”

She says: “Two sixty-four injured.”

“Yes.”

“Every transport survived.”

He says: “Yes.”

She drinks her beer. He drinks his beer. The city breathes in its way. There is nothing to say that the day has not already said. He knows this. She knows it. They sit in the knowing together until the beers are done and it is time to go inside.

He thinks, on the stairs: the six senators who sat in that hearing room when he was nineteen and heard the BGP testimony and did not act. He thinks about the gap he could not close in a routing table. He thinks about what it means that the infrastructure attacked on Boylston Street was not digital. Some gaps are not addressable with a routing table fix. He knows this. He has known it since he walked into Valor EMS on a September morning and found that the gap between systems and the people inside them is never purely technical. He does not say this out loud. There is no one to say it to who does not already know it, and saying it does not make any of the three people less gone. He goes inside. He sleeps. He goes back into service in the morning.

Chapter Ten — The Marriage

Year 9. 2012.

She is overdressed in the exact right way. Her hair is architectural. Her nails are done in the same deep burgundy they were done in on the first day at Valor EMS, which is either a coincidence or a message and with Avery it is always a message. She is wearing a dress that belongs on a boardwalk in late summer and also belongs at the front of a room where everyone is looking at her, because she is the kind of person who can occupy both registers simultaneously without the seam showing. She looks like herself. This is the thing he notices when she comes through the door: she has not performed a version of herself for today. She is simply herself at maximum, which is already a considerable thing.

He is standing at the front of the room at the Mechanics Hall on Main Street, which she selected because she said any building that has been standing since 1857 has structural integrity and she respects structural integrity in buildings and people and she will be married in one or the other. He did not argue with this. He agreed with it. He is wearing the gray suit that Ren told him to buy six months ago when Ren said, with characteristic precision: *you are going to need a suit at some point, Stevens, buy it before the event.*

She is not going to cry. He knows this. She told him she was not going to cry at her own wedding and the word of Avery Russo on the subject of her own emotional state is, in general, reliable. She walks down the aisle on her father's arm and she is not crying. She is looking at him. She is looking at him the way she looks at a scene when she walks through the door — fully, immediately, nothing held back for later — and he looks back at her the same way and somewhere in the middle distance between them the six years of calls and the diner at 3 AM and the debrief that was also something else and the beer on the front steps and the forty-one minutes in the parking lot and everything else they have accumulated sit in the air between them like a routing table that has finally, completely converged.

She reaches him. She absolutely cries. She cries in the precise manner of someone who had decided they were not going to cry and whose body has determined that this particular decision was advisory rather than mandatory. She looks at him with tears on her face and says, quietly enough that only he can hear it: "Don't say anything." He says nothing. This is, for once, the correct thing.

His vows are short. He wrote them on a notecard in the truck two nights ago during a quiet stretch at 4 AM. He says: *I have been next to you on the worst days this city has had and on the days that were only bad in small ways and on the days that were fine and I am the same person in all of them because of how you are in all of them. You are the most competent person I have ever worked next to. I*

intend to spend the rest of my life next to you. He folds the notecard. He puts it in his pocket. He is done.

Avery stares at him. She says: “Did you just include our job in our wedding vows?”

He says: “Yes.”

She laughs. It is the real laugh. The one from the dark truck years ago, the *God’s ETA unknown* laugh. She laughs and then she says her vows, which are longer and warmer and contain two things that are directly about the job and one thing that is about the specific forty-one minutes in the parking lot without naming it, and he knows that she knows that he knows exactly which forty-one minutes she means.

Lynn is in the third row. She is wearing blue. She watches the vows with an expression that is not quite composed and is the most composed she can manage, which for Lynn is usually completely composed. He sees her face. He files it. It joins the look from the dinner in 2011 in the column labeled: the things she loves but does not say.

Ren is there. Ren wears a dark suit and says “congratulations, Stevens” exactly once and brings a bottle of whiskey that is significantly better than anything else on the gift table. He drinks two glasses at the reception and talks to Dani for forty minutes in the corner, which Camron clocks but does not comment on.

Dani is there. She gives a toast that is brief and precise and contains one line about the night of the decon call and the 3 AM diner that Avery had apparently told her about, which Camron had not told anyone. He looks at Avery. She shrugs. He shrugs back. The room laughs at the toast. It deserves the laugh.

The relative argument happens between Avery and her cousin Marco near the end of the reception. He watches it from across the room. He cannot hear what it is about but he can read the body language: Avery at full volume, Marco

defensive, Avery pointing at something on the buffet table, Marco saying something back, a long pause in which they both apparently reconsider, and then both of them laughing at something that has resolved itself in the way Avery's arguments usually resolve: completely, loudly, with no residue. She catches his eye across the room. She holds up her hands in a what-can-I-say gesture. He shakes his head. She is not sorry. He does not want her to be.

The end of the night. The parking lot outside Mechanics Hall at 11 PM. She has her shoes off. He is in his shirtsleeves. The city is cold and they are standing on the pavement not going anywhere in particular because going anywhere is the next thing and the next thing can wait another minute.

She leans against the car. He stands next to her. The city makes its sounds. He thinks: she is the most competent person I have ever worked next to. He does not say this. He said it in the room. He said it in the vows. He has now said it in the room and in the file and in the only public accounting of his life he has ever made. He does not need to say it again tonight. She knows. Tonight the not-saying is also the thing.

He opens the car door. She gets in. He gets in. They go home.

Chapter Eleven — What Dani Built

2013–2014

The dinner is on a Tuesday. It is always on a Tuesday, this particular category of meeting that is not called a meeting because it is at someone's kitchen table with food on it, but that has the structure of a meeting: a document, an agenda, a conclusion that is actionable. Tuesdays are the day when the week has had

enough time to be real but has not yet become the end of itself. They have all learned this without discussing it.

Dani arrives last, which means she arrives with something. She comes through the door with a printed report — bound, sixteen pages, with a cover page that says only: *Regional Healthcare Network Security Assessment: Preliminary Findings.* She sets it in the middle of the table between the pasta and the salad and sits down and serves herself like someone who has brought documents to dinners many times and knows that the document will be read when the room decides to read it and not before.

They eat. They talk about the week. Avery has opinions about a protocol change that Worcester EMS is piloting. Ren has been quiet about something he will not name yet. Camron clears the plates. They sit back down with coffee and the report moves from the center of the table into Ren's hands, and then Camron's, and then Avery reads over his shoulder because she does not wait for things to come to her.

Dani has been watching something from inside hospital administration that she has been watching for two years. The same class of network exposure that Camron and Ren identified in the 2006 packet — the routing anomalies, the AS-PATH vulnerabilities, the specific gap in BGP origin validation that creates the window for traffic misdirection — has now appeared in the operational logs of three separate hospital systems in the Central Massachusetts region. She did not find it because she was looking for it. She found it because she was looking at quality metrics and operational downtime reports and the specific pattern of brief, unexplained connectivity disruptions to clinical data systems over a 14-month period matched the pattern that Camron described to her, once, over coffee in 2011, in passing, as the kind of thing that happens when a network has the exposure class from the 2006 analysis.

She had written it down. She had kept the note. She had watched for two years. Then she had written the report.

The food is getting cold. No one moves to do anything about this.

He reads the report the way he reads everything: sequentially, building the map, the second pass for annotation. The clinical downtime data on page seven. The network exposure correlation on pages nine through twelve. The operational impact section on page thirteen, which uses data from actual patient care events to quantify what a connectivity disruption of the documented duration would mean for a receiving ED during a cardiac alert notification. The number on page thirteen is not a number. It is a decision window. It is the gap between the radio call he makes from the truck and the moment the cath lab begins to prepare, and in the vulnerability window, that gap is not eight minutes — it is indeterminate.

He says: “This is the 2003 analysis applied to the clinical environment with twelve years of supporting data.”

Dani says: “Yes.”

Ren says: “The 2006 disclosure covered the routing layer. This covers the operational consequence layer with specificity we didn’t have then.”

Avery says: “This is the thing that has to go somewhere real this time.” She does not say this with volume. She says it at the specific register she uses when she has assessed the situation and delivered the verdict and considers the discussion concluded. The room receives this correctly.

They write it up. The four of them at the table with the report and Ren’s laptop and Camron’s notebook and Dani’s careful additions to the administrative and operational framing. Ren handles the technical architecture. Dani handles the healthcare operations documentation. Camron writes the section that only he can write: the synthesis, the thing that lives in the overlap between the BGP routing gap and the EMT in the truck and the patient on the cardiac monitor and the system that is supposed to route the alert and what happens when the system does not route the alert. He is the specific person who can see all of it simultaneously because he walked through every door in sequence: the routing

table at nineteen, the Senate hearing room at nineteen, the hospital security booth for five years, the truck for ten years, and the Tuesday dinners with Ren and the 2006 packet and the four hospitals on the highlighted list. He did not plan this sequence. He walked through every door as it appeared in front of him. The sequence produced this view. This view is what the report needs.

They send it through the correct channel. This time the correct channel includes Dani's institutional affiliation, which is not a small thing — a submission from inside a hospital administration carries a different weight than a submission from a network analyst and an EMT-B. The institutional address makes the report readable to the people who need to read it.

This time someone responds. Not in four months. In six weeks. The response is substantive. It asks for a follow-up meeting. The follow-up meeting happens. The follow-up meeting leads to the thing that is the beginning of the federal working group, which does not exist yet in 2014 but will.

Camron files the response in the folder on the hard drive next to the 2003 BGP analysis and the 2006 packet. He puts a date on it. He goes to bed. He has a shift at 6 AM. Both things are equally real. Both things are the job. He does not rank them.

Chapter Twelve — The Accumulation

2016–2019

He is thirty-two in 2016 and the job is in his body in a way that is different from the way it was at twenty-three. At twenty-three the job was in his mind: the protocols, the sequences, the radio codes, the map of the streets and the hospitals and the divert list and the clinical decision trees. The mind-job was

heavy with intentionality. At thirty-two the job is in his hands and his feet and the calibrated pace he uses on stairs that could be wet and the specific pressure he applies to a noncompressible wound and the scan he does when he walks through a door that is not a deliberate scan anymore, it is a function, it is what his eyes do. The mind-job has become a body-job. This is what a decade does. You stop doing the job and start being it.

The calls from these years run in the compressed accounting:

Fall 2016. A fall, third floor, elderly male, hip fracture, GCS 15, in remarkable spirits about the whole thing, wants to know how the Red Sox are doing. Camron tells him. They discuss the bullpen during packaging and transport. The man is admitted. He sends a thank-you card to the station. This happens more than people imagine.

Winter 2016. A mental health call on Chandler Street that requires everything: the clinical assessment, the specific language for someone in acute distress, the ability to be fully present to a human being in the worst moment of their internal weather without imposing a narrative on what you are seeing. He has learned this from years of practice. He does not always get it right. He gets it more right than he used to. This is progress.

Spring 2017. Three calls in one shift that are each individually manageable and collectively exhausting in the specific way of the accumulation: a diabetic, a respiratory distress, and a psychiatric hold. He does all three correctly. He goes home and sleeps ten hours and wakes up and does it again.

The near-miss is in August 2018. He does not call it a near-miss in the report. He calls it a high-acuity transport with a dynamic clinical picture and a favorable outcome. In the truck afterward, in the debrief, he calls it what it was.

The patient is thirty-nine, male, severe anaphylaxis, history of bee sting allergy who has just been stung three times by a ground nest he disturbed while mowing his lawn. By the time they arrive he has received his own EpiPen but it was

delayed — ten minutes between the sting and the administration — and he is in the kind of hemodynamic compromise that does not leave much negotiating room. Avery runs the airway. He runs the IV and the epinephrine and the fluid and the radio. For four minutes the patient's blood pressure is a number he cannot bring up, the airway is maintained but only barely, and the clinical picture is the kind that calculates toward a very different outcome than the one they are working toward. He does not think about the different outcome. He thinks about the next intervention and then the intervention after that. His hands are calm. Pop said: stay out of their way.

At the four-minute mark the blood pressure moves. Then the airway opens slightly more. Then the color changes. It takes the full transport to bring the patient to something that looks like stable, and stable at the handoff is a borderline word — the ED team is waiting, the attending is at the bay door, the conversation is brief and pointed. He hands off. He walks back to the truck.

In the truck Avery does not speak for exactly twelve minutes. He knows because he watches the clock. She is in the passenger seat. He is writing. At minute twelve she says: "Four minutes is a long time."

He says: "Yes."

She says: "He made it."

"Yes."

"Okay." She rolls down the window. She breathes. He keeps writing. This is how they are. She processes in language and then silence. He processes in writing and then silence. They have built a life that contains both.

Ren calls at 11 PM on a Wednesday in October 2019. He says: *Stevens.* The way he says it means he has something. Camron is on the couch, the city outside the window doing what the city does at eleven, the lights and the sounds and the

particular darkness of a October night that is cold but not yet winter. He says: “Talk to me.”

The federal cybersecurity working group that Dani’s report helped activate has traction. There is a working group session in December. They want him in the room. Not as the EMT. Not as the network analyst from 2003. As both, simultaneously, because the room needs the person who can see both sides of the system simultaneously and articulate the clinical consequence of the technical gap in language that clinicians and network architects can both read. He is the specific person for this. The sequence of doors was not random. The sequence was building this moment and the moment is now available to walk into.

He says: “Send me the briefing materials.”

Ren says: “Already sent.”

Camron opens the laptop. He reads. Avery comes in from the kitchen with two glasses of water and sets one on the coffee table and looks at the screen and says: “Is this the hospital network thing?”

“Yes.”

She sits down. She looks at the briefing materials with him. She does not have the routing background but she has the clinical background and the operational background and she reads the clinical impact section in four minutes and says: “They have to fix this.”

He says: “I know.”

She says: “Are you going?”

“Yes.”

She nods. She drinks her water. He reads. The city is outside the window. Both things are true at the same time: the truck in the morning and the network on the

screen and the years between them that made the screen possible. He is both. He has always been both. He reads until midnight and then he closes the laptop and goes to sleep. He has a shift at 6 AM. He is ready.

Chapter Thirteen — The Pandemic Arrives

March 2020

The protocols change overnight. This is not a figure of speech. On Thursday the protocols are one set of things. On Friday they are a different set of things. On Monday they change again. He has been doing this job for seventeen years and the protocols have changed before — the national scope of practice revision, the CPAP authorization expansion, the 12-lead transmission protocol update — but those changes came with notice and training and a timeline for implementation. This is not that. This is the protocols changing in response to a pathogen that is itself changing faster than the protocols can track, which means the protocols are always behind and everyone doing the job knows the protocols are always behind and does the job anyway.

He is thirty-six. He has enough years now that the job does not surprise him in the ways it surprised him at twenty-three. He knows the calls. He knows the buildings and the stairwells and the specific geography of suffering in this city at this income level in this season. He knows the patients — not individually, but categorically, in the way you know something after seventeen years: the diabetics who do not manage their sugar, the elderly who live alone, the people whose mental health crises come at 3 AM on Fridays, the middle-aged men who have been having chest pain for three days and have attributed it to peppers. He knows them.

The pandemic changes what the knowing means. The disease is also his vector. The PPE protocol means he is covered: N95 under the surgical mask, face shield, gloves, gown for confirmed or suspected COVID. He puts it on efficiently because he does everything efficiently. But the weight of the PPE is different from the weight of gloves. The weight of gloves is the weight of a precaution. The weight of the full PPE is the weight of a recognition: the patient is also a hazard environment. He has always worked in hazard environments. He adjusts. He does the job.

The patients are alone in ways that patients were not alone before. The isolation protocol means no family in the apartment when he arrives, or family crowded in the hallway behind a closed bedroom door. The patient is in the room with him and with Avery, or with his partner for the day, and outside the room is the space where the family stands and does not know what is happening. He cannot fix this. He can be present inside the room in a way that tries to account for the absence of the family outside it.

He talks to them the way he always talks to patients. He talks to the man on the floor on Grove Street the way he talked to Donald on the front steps in 2003. He talks to the woman in the recliner on Gates Lane the way he talked to the sixty-three-year-old diabetic in the ED bay who needed forty-three minutes of company while the prior auth cleared. He talks to the COVID patients and the non-COVID patients and he does not change his register between them because the register is not about the disease. The register is about the person. He has always known this. The pandemic makes it louder.

Some of them are frightened in a specific way that is different from ordinary medical fear. They are frightened the way people are frightened when the container they thought would hold them — the system, the city, the sense that the machinery of normal life will continue to function — has stopped holding. He has seen this before. He saw it on Boylston Street in 2013. He sees it again now, distributed across a thousand apartment buildings and nursing homes and

assisted living facilities in a city that is trying to continue being a city while everything that makes it a city has been suspended. He cannot fix frightened. He can be present for it. He keeps showing up.

The cancer ward calls are their own category. He is transporting hospice and oncology patients during a pandemic. These patients were already carrying the knowledge that the container has a limit — they came to that knowledge before March 2020, through diagnosis and treatment and the specific education of a serious illness. Now the pandemic has added a layer to that knowledge: the isolation, the inability to have their people near them, the hospitals with visitor restrictions that mean the person in the bed is doing the hardest part of living alone.

He transports a woman in her late sixties from an oncology clinic to an inpatient palliative care unit on a Tuesday in April. She is alert and oriented. She knows where she is going and what it means and she has been told that her daughter cannot come in because of the visitor protocol. He sets up the stretcher. He adjusts the oxygen. He asks if she is comfortable. She says: “I’ve been more comfortable.” This is the most honest thing a patient has ever said to him and he respects it completely. He says: “Is there anything I can get you before we go?” She thinks for a moment. She says: “Will you tell me something real?”

He thinks. He says: “The ride is twenty minutes. It’s a clear day. The building we’re going to has good people in it and they know you’re coming.”

She says: “That’s something real.”

He wheels her out. He drives carefully, which he always does but more carefully today. The weight is cumulative. He does not break. He calculates. He finds the next intervention, and then the intervention after that, and then the next shift, and then the one after that. This is the methodology. The methodology holds.

Avery is on a different rotation during parts of this period due to a risk-reduction protocol that is intended to limit the exposure of both members of a household

unit simultaneously. He understands the protocol. He does not like working without her. His partners in this period are competent people. The truck works. The calls are handled correctly. But he is calibrated to her, to the specific way her anticipatory read of the scene interacts with his, and the absence of that calibration is felt in the same way that a network feels a preferred route going offline — the traffic still routes, but not as efficiently, and you are aware of the difference.

He does not say this to her. She knows. She texts him after shifts the way she always texts him but more: *how'd it go* and *how's your partner* and once, just: *come home in one piece please Stevens.* He texts back: *working on it.* She sends him a thumbs up. They have been together for eleven years and this is how they communicate: precisely, without waste, saying the thing that needs to be said and knowing the rest is already understood.

Chapter Fourteen — The Calculation / "Enough"

2021. Age 38.

The calculation completes in the way calculations complete: not with a dramatic moment but with the arrival of an answer that has been computing across a long series of inputs, and the arrival of the answer is quiet and certain and does not require announcement.

He has run calls for fifteen years. He has transported more patients than he can number. He has done this correctly, at the top of his scope, in all weather, at all hours, in the full range of what this city produces as human emergency, and he is good at it in the specific sense of good that means he is not merely competent but

genuinely and precisely suited to the work. This is not nothing. This is in fact something considerable, and he knows it, and the knowing has been its own weight in a way that separates from the other weights but is always there.

He is not broken. He is not burned out in the dramatic sense of the word that appears in the news stories about EMS workforce crises — the stories that are accurate about the crisis and not always accurate about how the crisis manifests in individual people, because the dramatic version of burnout is not the most common version. The most common version is this: a calculation that reaches its answer. A person who is fully capable of continuing and has decided not to. The decision is not dramatic. It is correct.

The pandemic showed him the edge of the system's capacity and his own simultaneously. Not the edge of his clinical capacity — his clinical capacity is intact and would remain intact. The edge of something else: the ratio between what the work costs and what remains when the work is done. The pandemic changed the ratio in a direction that was not sustainable in the specific timeline he could see ahead of him. He could see five more years. He could not see what the five years after that would produce in him if he continued across the first five. This is not burnout. This is planning. He is a planner.

He tells his supervisor, Garrett, on a Tuesday. Garrett has been the supervisor for twelve of Camron's fifteen years and he receives the information the way he receives most information: without visible reaction, then with a slow nod that means he is processing, then with: "We're going to miss you on the rotation."

Camron says: "I know."

Garrett says: "You did this job right."

Camron says: "I tried."

Garrett says: "You did more than try." He says it like someone closing a file. The file is correct. It can be closed.

He files the paperwork. He does his last shift. Avery drives. He does not tell anyone on the crew that it is his last shift because making a thing into an event changes the thing, and he does not want the last shift to be an event. He wants the last shift to be a shift. It is. A call at 11 PM: chest pain, male, fifty-four, sinus rhythm on the monitor, unremarkable. A call at 2 AM: fall, female, elderly, no head strike, hip assessment negative, anxious, he sits with her for six minutes while Avery gets the stretcher because the patient is frightened and the thing he can do is be present for frightened. A call at 4 AM: diabetic emergency, quick resolution, GCS that comes back fast once the glucose goes in, the patient is awake and sheepish by the time they are ready to transport and tells them both he is going to be more careful about dinner. They tell him that is a good idea. He does not say it is his last call.

At 6 AM they sign off. He hands in his badge at the desk. He does not make a speech. The person at the desk is someone he has known for twelve years and she says: “Be good out there, Stevens.” He says: “Always.”

He and Avery go to breakfast. The diner on Shrewsbury Street, the same one from the decon call and the 3 AM eggs, the one that is always open. She sits across from him in the same booth. She orders for both of them without asking: over medium, wheat toast, hash browns, coffee. He eats what she ordered. He does not say anything about being ordered for. She does not ask whether he minds. They have been married for nine years. They are past asking about the small things. The small things are already known.

The eggs are adequate. The coffee is thin and hot. He drinks two cups. The sun is up outside the window. He is thirty-eight years old. He is done. He goes home.

Chapter Fifteen — The Pivot

2021. What Comes Next.

The desk is in the corner. It has been in the corner since the apartment on Piedmont Street in 2003, which is not this apartment — they moved twice in fifteen years, each move adding space as the life required it, but the desk has always been in the corner because that is where desks go when you need to sit with your back to the wall and the window to one side and the room in front of you. Three monitors now. The seventeenth-inch from 2003 was replaced, then replaced again. The three-monitor setup is how he maps networks and reads BGP data and cross-references routing tables against operational logs, and it is also, since the pandemic, how he runs the PC repair operation and the DoorDash route optimization and the three separate tabs of cybersecurity working group briefing materials that are open at any given time.

He registers with DoorDash the week after his last shift. This is not a dramatic economic necessity — they are not in crisis, Avery is still working, the apartment is paid — but the pandemic has taught him that cities still need things moved even when people cannot move to get them, and he has spent fifteen years reading movement patterns in an urban environment, dispatch patterns and call concentrations and the specific geography of where things happen at what time of day. He reads the delivery zones the way he read the dispatch call patterns: which zones have the highest order density at which hours, where the restaurant clusters sit relative to the residential density, where the dead zones are that look like they should be high-volume but are not because of traffic or parking limitations. He finds the gaps. He optimizes. He makes more money than he expected in the first month and more than that in the second month and does not feel guilty about this because the work is real and the efficiency is his and these are both things he earned.

The QCC IT certificate is on the desk in a folder. He completed it during the pandemic, in the months when Avery was on a different rotation and the apartment was quiet in the evenings and he had time that he filled with the thing he had been building toward since the 2006 packet and the 2014 dinner. The

certificate is a credential for a room that he was already in. He did not need the credential to know what he knows. He needed it so that the room could put his name on a badge. He has the badge. The room knows his name. This is sufficient.

Ren has been waiting for this moment. Camron can tell because of how Ren says, when Camron tells him the last shift is done: “Good. I need you on something.” Not: *congratulations on fifteen years.* Not: *how do you feel about it.* Just: *good. I need you on something.* This is the most respectful thing Ren has ever said to him. It means: I always knew you were coming. I built space for you. Come in.

The something is the federal working group that has been building since Dani’s 2014 report and the December 2019 session. The working group now has formal standing with a federal agency that Ren names on the phone and Camron adds to the folder in his head. The working group is doing exactly the thing the 2006 packet was pointing toward: assessing the healthcare infrastructure network exposure class and developing mitigation standards that are operationally grounded, which means grounded in how hospitals actually work, which means they need someone who knows how hospitals actually work from the inside at the patient-care level.

He is that person. He is, in fact, the most specific version of that person available in the current landscape: the nineteen-year-old who found the BGP gap, the young man who testified in the Senate hearing room, the security analyst who spent five years at St. Vincent’s, the EMT-B who became an AEMT who spent fifteen years in the back of Unit 6 and understood what four minutes means to a patient whose cardiac alert is being transmitted through a network with the exposure class from the 2006 analysis. He is the sum of the sequence. The sequence made him specific. The specificity is the value.

He pulls a chair to the desk. He opens the briefing materials Ren has sent. He opens a new notebook — the notebook is always new at the beginning of a new project, the handwriting gets better and then gets compressed as the project accelerates, the last pages are always dense, the first page is always clean. The

first page of this notebook says: *Healthcare Network Security / Working Group / 2021.* He underlines it once. He begins.

The truck is still running somewhere. He knows this. The truck does not need him for that anymore. The truck has the next version of whatever he was at twenty-three, someone walking through the door with the job in their head before they have the job, someone about to meet their Avery and despise her for the first three years and then love her completely. The truck is running. The work continues. He has done his part of that work and is now doing the next part, which was always the plan even before he knew the plan.

Three monitors. New notebook. The city outside the window is the city it has always been: a system, legible to those who know how to read it, full of gaps that are also opportunities, full of people who need someone to find the gap and work it. He has been finding the gap since he was nineteen years old. He has not stopped. He has changed the desk he sits at. The work is the same.

Epilogue

Worcester, Massachusetts. 2021.

He is thirty-eight years old. Avery is making coffee in the other room. He can hear the specific sound of their coffee maker, which has two sounds: the initial gurgle and then the longer steady pour, and the steady pour means the coffee is almost ready. He has this sound memorized. He has everything in this apartment memorized. Memorizing things is not compulsive in him. It is care. You memorize the things that matter to you. This is how you know what matters.

Ren has sent a file. The file is in his email, subject line: *WG Briefing Nov 15 — FYI Before Monday.* The file is there. It can be read in a moment. The moment has not yet started.

The notebook is open on the desk. The second page now, because the first page has: *Healthcare Network Security / Working Group / 2021,* underlined, and the second page is the map he has been building — the nodes and the connections and the gaps, the clinical impact column and the technical exposure column and the intersection of the two that is the thing the working group needs and the thing he can provide. The map is not finished. Maps of this kind are never finished. They are current until they are revised, which is always.

He thinks about the tire mound. The tire mound on June Street that is the beginning of all of this — the stacked automobile tires on the vacant lot where he used to sit and read and think in a city that was producing him in a specific way and he did not yet know what the city was making. He has not been to June Street recently. He has not checked whether the tire mound is still there. Cities do what cities do: they replace the things they contain, they build on the lots, they pave over the vacant spaces, and something is always in the place of the thing that used to be there, which is what cities do and what is probably fine and what does not change what the tire mound was or what it produced.

Pop's voice. It comes when it comes, which is when his hands need to be calm and his brain is trying to run ahead of itself. He has not needed it the way he needed it in the truck but it is still there. It surfaces when he is about to begin something: *take your own pulse first.* This was field medicine protocol for Pop, a thing the Korean War taught him, a thing he taught Camron on a Tuesday afternoon in 1994 in a kitchen that smelled like the coffee that was always on. Take your own pulse first. Know your own state. Then work.

He takes his pulse. He puts two fingers to his wrist. Sixty-eight beats per minute, regular, strong. He is calm. He is present. He is exactly where the sequence of

doors has brought him and the sequence was not random and he does not need to be anywhere else.

Avery comes through the door with two cups. She sets one in front of him without asking. She sits down in the other chair with her own cup and looks at the notebook and says nothing, which is permission: *start when you are ready.* He knows her silences now. This one is warm and patient and contains the last twelve years of both of them.

He opens the file Ren sent. He starts to read.

A Note from the Author — Camron Stevens / zealot45

This book covers fifteen years. The calls in it are true in the way that composite truth is true — assembled from pattern rather than incident, protective of identity, honest about weight. The EMS system in Central Massachusetts is real. The people who staff it are real. The work is real. None of the patients in this book are real people. All of the calls in this book happened.

The difference between those two sentences is the job.

I want to say something about the people who do this work. They are not heroes in the way that word is used publicly, which tends to flatten complexity into profile. They are people who made a decision to be present in the worst moments of other people's lives, and who made that decision again every shift, for years, and who did it in the ordinary way of work that is done by people who have simply decided that this is the work. That decision — made quietly, re-made without ceremony, executed without an audience for the weight it carries — is the thing this book is trying to hold.

Book Three is already computing. The calculation runs in the background. When the answer arrives, I will write it down.

Worcester, Massachusetts. July 2026.

The Tire Mound Chronicles

Book One: The Tire Mound · Book Two: The Long Shift · Book Three: *forthcoming*

© Camron Stevens / zealot45 · All rights reserved · Worcester, MA